

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Luis A.		OFFICE USE ONLY  Date Received  CITY CLERK DEPT.  5/3/2013 8:53:14 AM  Date Hand-delivered or Postmarked  Receipt # Amount  Date Processed  Date Imaged	
	NICKNAME LAST SUFFIX Leon			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11299 Enid Wilson El Paso TX 79936			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 915 ) 490-2034			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Robert A.			
	NICKNAME LAST SUFFIX White			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11163 Leon Collins El Paso TX 79936			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 915 ) 240-2117			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 04 / 12 / 2013    05 / 03 / 2013			
11 ELECTION	ELECTION DATE Month Day Year 05 / 11 / 2013		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)  City Council District #7	
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**14 C/OH NAME**

Luis A. Leon

**15 ACCOUNT #** (Ethics Commission Filers)**16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

**COMMITTEE TYPE**☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

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COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages**17 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. **TOTAL POLITICAL CONTRIBUTIONS**  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 63.60

4. **TOTAL POLITICAL EXPENDITURES**

\$ 3,916.52

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 1,083.48

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 17,500.00

**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Luis A. Leon

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 0	
2 FILER NAME Luis A. Leon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) N/A	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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**PLEDGED CONTRIBUTIONS****SCHEDULE B**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B:	
<b>2</b> FILER NAME Luis A. Leon		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES:      ⇄   ⇄   ⇄   ⇄   ⇄   ⇄		<b>\$</b> 0.00	
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) N/A <hr style="border-top: 1px dotted black;"/> <b>7</b> Pledgor address;      City; State; Zip Code	<b>8</b> Amount of pledge (\$)  0.00	<b>9</b> In-kind description (if applicable)
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr style="border-top: 1px dotted black;"/> Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr style="border-top: 1px dotted black;"/> Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr style="border-top: 1px dotted black;"/> Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr style="border-top: 1px dotted black;"/> Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr style="border-top: 1px dotted black;"/> Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**LOANS****SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME Luis A. Leon		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇄   ⇄   ⇄   ⇄   ⇄   ⇄		\$
<b>5</b> Date of loan 4/23/13	<b>7</b> Name of lender Luis A. Leon <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$) 5,000.00
<b>6</b> Is lender a financial Institution?  Y <input checked="" type="checkbox"/> X	<b>8</b> Lender address;    City;    State;    Zip Code  11299 Enid Wilson, El Paso, TX 79936	<b>10</b> Interest rate 0
		<b>11</b> Maturity date 0
<b>12</b> Principal occupation / Job title (See Instructions) Retired		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor  ..... <b>18</b> Guarantor address;    City;    State;    Zip Code	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution?  Y    N	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule F: 1	<b>2</b> FILER NAME Luis A. Leon	<b>3</b> ACCOUNT # (Ethics Commission Filers)			
<b>4</b> Date 4/23/13	<b>5</b> Payee name AUS Services Inc				
<b>6</b> Amount (\$) 3,389.29	<b>7</b> Payee address; City; State; Zip Code 2020 Mills Ave, El Paso, TX 79901				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Direct Mailing to District Residents			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name Luis A. Leon</td> <td style="width:33%; border: none;">Office sought City Representative, Dst 7</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name Luis A. Leon	Office sought City Representative, Dst 7	Office held
Candidate / Officeholder name Luis A. Leon	Office sought City Representative, Dst 7	Office held			
Date 5/2/13	Payee name Robert Andrade				
Amount (\$) 463.63	Payee address; City; State; Zip Code 3500 Zircon Dr, El Paso, TX 79904				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Reimburse Expenses			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name Luis A. Leon</td> <td style="width:33%; border: none;">Office sought City Representative, Dst 7</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name Luis A. Leon	Office sought City Representative, Dst 7	Office held
Candidate / Officeholder name Luis A. Leon	Office sought City Representative, Dst 7	Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Luis A. Leon		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 4/19/13	<b>5</b> Payee name Village Inn Restaurant		
<b>6</b> Amount (\$) 14.78  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code  2275 Trawood, El Paso, TX 79935		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Volunteers Food	
Date 4/22/13	Payee name Village Inn Restaurant		
Amount (\$) 26.14  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code  1500 Airways, El Paso, TX 79925		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Volunteers Food	
Date 4/27/13	Payee name Village Inn Restaurant		
Amount (\$) 22.68  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code  2275 Trawood, El Paso, TX 79935		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Volunteers Food	
Date	Payee name		
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

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## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H: 1		<b>2</b> FILER NAME Luis A. Leon		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date		<b>5</b> Business name N/A			
<b>6</b> Amount (\$)  0.00		<b>7</b> Business address; City; State; Zip Code			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule)		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: 1	<b>2</b> FILER NAME Luis A. Leon		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name N/A		
<b>6</b> Amount (\$) 0.00	<b>7</b> Payee address; City; State; Zip Code		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

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## SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME Luis A. Leon		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received N/A	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	
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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:	
2 FILER NAME Luis A. Leon		3 ACCOUNT # (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E			
6 Dates of travel	7 Name of person(s) traveling N/A		
	8 Departure city or name of departure location		
	9 Destination city or name of destination location		
10 Means of transportation		11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			



**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

CITY CLERK DEPT.

5/3/2013 8:53:14 AM

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

**1 C/OH NAME**

N/A

**2 ACCOUNT # (Ethics Commission Filers)****3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**-- Complete A & B below *only* if you are not an officeholder. --**A. CAMPAIGN FUNDS**

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate**5 OFFICEHOLDER**-- Complete this section *only* if you are an officeholder --

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder